

Addendum

Idaho Suicide Prevention System Action Plan
Based on High Priority Objectives FY2019-2020

12.0 -1-16-2019

1. VISION MISSION GOAL	2. FY2019-2020 OBJECTIVES	3. RECOMMENDED APPROACH AND COST ESTIMATES: Costs include existing appropriation and new SFY20 budget request	4. MEASURABLE OUTCOMES:	5.Key Performance Area (KPA)	6. IDAHO SUICIDE PREVENTION STATE SYSTEM PLAN GOAL AND CDC TECHNICAL PACKAGE ALIGNMENT	7. TACTICAL INITIATIVES: (Initiative-specific outcomes TBD upon budget parameters and final task definitions)	8. TACTICAL MEASURES: (Initiative-specific outcomes TBD upon budget parameters and final task definitions)	9. PROXY OUTCOME MEASURES: (Initiative-specific outcomes TBD upon budget parameters and final task definitions)	10.START DATE FY QQ/YY	11. INITIAL REPORT DATE FY QQ/YY
Vision: ELIMINATE SUICIDE FROM IDAHO Mission: IDAHO HAS AN EFFECTIVE, COORDINATED AND INTEGRATED APPROACH TO SUPPORT ALL IDAHOANS AT RISK OF SUICIDE AND THOSE WHO ARE BEREAVED BY SUICIDE LOSS. THROUGH EVIDENCE BASED APPROACHES, IDAHO HAS OUTCOMES THAT CAN BE MEASURED FOR IMPACT. Goal: TO ACHIEVE A 20% REDUCTION IN IDAHO SUICIDE RATES BY 2025	• Know what Idaho has available in suicide prevention, intervention and postvention assets, where these resources are, and how they are being used. • Expand the capacity and capability of Idaho to deploy evidence-based approaches in healthcare and other systems specifically targeted at treating suicidality. This includes initiatives underway at the Idaho Suicide Prevention Hotline, Idaho schools, community-based organizations, law enforcement and other settings that are connecting with persons at risk of suicide. • Improve the coordination, communication, enhanced metrics capture and collaborative strategies across the spectrum of resources addressing suicide in Idaho to effectively reach their intended audiences.	1. Conduct and evaluate a comprehensive gap analysis and resource mapping: (SFY20 - \$200,000) Comprehensive data assessment to understand the current state of Idaho community readiness and capability to target our efforts most effectively and efficiently. 2. Build and support coordinated capacity and infrastructure across Idaho: (SFY20 - \$645,100) Develop and launch a public-private collaborative to support all initiatives related to suicide prevention, intervention and postvention support. This includes continued and additional support for building of state state collaborative and local community collaboratives across all 7 regions to address local needs around prevention, intervention and postvention. 3. Support school-based prevention, intervention and postvention and suicide-safer schools: (SFY20 - \$250,000) Support school policy development, provide technical assistance and programming support informed by a statewide school-based needs assessment conducted in SFY19.	WE WILL MEASURE THE IMPACT OF THE IDAHO SUICIDE PREVENTION SYSTEM BY MONITORING AND EVALUATING: 1. CHANGE IN IDAHO SUICIDE DEATH RATE (BOTH AGE ADJUSTED AND CRUDE—STATE AND REGION). 2. CHANGE IN RATE/# IDAHOANS REFERRED FOR SUICIDE CARE (FOR ZERO SUICIDE SITES AND OTHER ENTITIES AS FEASIBLE). 3. CHANGE IN RATE/# IDAHOANS TREATED FOR SUICIDE (FOR ZERO SUICIDE SITES AND OTHER ENTITIES AS FEASIBLE). 4. CHANGE IN RATE/# IDAHOANS TREATED AT CRISIS CENTERS 5. CHANGE IN RATE/# SUICIDE DEATHS BY LETHAL MEANS CATEGORY 6. CHANGE IN RATE/# OF CALLS RECEIVED BY THE IDAHO SUICIDE PREVENTION HOTLINE AND CALL GEOGRAPHIC DISTRIBUTION.	Capacity Building and Infrastructure	Goal 10: 10.1, 10.2 Goal 11: 11.1, 11.2, 11.3, 11.5, 11.6 CDC TECHNICAL ALIGNMENT: Harm Reduction	CB 1.0 By Date TBD , the Collaborative and Program will assess, identify, develop and deploy a standard postvention framework in all 7 Public Health District geographical areas to assist Idaho communities in meeting the postvention needs in a coordinated way	1. The number of Idaho families and community groups impacted by suicide loss served. 2. The number of services provided to media to support postvention coverage. 3. A standard postvention framework developed. 4. The number of schools (elementary, middle or high school) offered and provided postvention support. 5. Number of schools impacted by suicide loss that had prevention initiatives underway prior to a loss (must assess feasibility)	1. CHANGE % OF IDAHO SCHOOLS EXPERIENCING SUICIDE CLUSTERS OR CONTAGION EFFECTS (IF MEASURE PROTOCOLS CAN BE ESTABLISHED). 2. CHANGE % OF IDAHO COMMUNITIES EXPERIENCING SUICIDE CLUSTERS OR CONTAGION EFFECTS (IF MEASURES PROTOCOLS CAN BE ESTABLISHED).	3Q19	4Q20
					2Q19				Q20	
					Goal 1: 1.1,1.2 Goal 2: 2.1,2.4 Goal 5: 5.1,5.2 Goal 7: 7.1 Goal 10: 10.1 CDC TECHNICAL ALIGNMENT: • Protective Environments • Connectedness • Coping/Problem Solving	CB 2.0 By Date TBD , create and fund a sustainable public-private initiative to coordinate across non-profit, communities, the Hotline, Council, State Program and others to implement Idaho's Suicide Prevention Action Plan.	1. Establish the statewide Collaborative with an agreed upon charter that includes the steering committee, location, operating principles, etc. 2. Number of M.O.U.s in place 3. Partner engagement and satisfaction measures identified.			
					1Q19				3Q19	
					2Q19				2Q20	
					4Q19	4Q20				

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		4. Continue to support the Idaho Suicide Prevention Hotline: (SFY20 - \$390,200) Idaho must maintain and expand the capacity and capability to be accessible to persons at risk of suicide and connect to care.			Goal 1: 1.5 Goal 9: 9.2 9.3 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• Protective Environment• Connectedness• ID/Support People at Risk	CB 3.0 By TBD date , build, pilot and evaluate a mechanism to target suicide prevention and intervention in rural communities.	Contingent upon funding levels and alignment with KPA Suicide Care/Zero Suicide	1. CHANGE IN # OF IDAHOANS TREATED AT CRISIS CENTERS 2. CHANGE IN # OF ISP HOTLINE CALLS FROM RURAL REGIONS. 3. CHANGE IN RATE/# SUICIDE DEATHS BY LETHAL MEANS CATEGORY IN RURAL AND NONRURAL REGIONS		
					Goal 8: .4 Goal 9: 9.2 Goal 10: 10.1 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at Risk	CB 4.0 By Date TBD , develop a mechanism to implement and monitor continuous improvement integrated strategies across crisis partners and community providers to support warm transitions to follow up care for persons at risk of suicide (LINK TO SC/Zero Suicide KPA)	1. Partner engagement and satisfaction measures identified. 2. Number of partners building warm transitions into their policies and practices. 3. Critical incident review teams established. 4. See KPA Suicide Care/ Zero Suicide measures		Contingent upon SC1.0 and SC 2.0	
					Goal 1: 1.1 1.3.2 Goal 2: 2.1 2.3 2.4 Goal 3: 3.1 3.2 Goal 5: 5.1 5.2 Goal 7: 7.1 7.2 7.3 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Protective Environment• Connectedness• Coping/Problem Solving• ID/Support People at Risk• Harm Reduction	CB 5.0 By Date TBD , expand school community capacity to ensure schools have access to appropriate planning and support mechanisms for prevention, intervention, postvention and care transitions. (Include: School Safety Course curriculum, school model policy, Idaho Prevention Conference).	1. Number of schools and or districts who have implemented comprehensive SP policies and/or plans 2. Number and percent of school personnel/staff trained in suicide prevention and initial intervention skills 4. The number of schools (elementary, middle or high school) offered and provided postvention support.	1. NUMBER OF STUDENT REFERRALS TO CARE FOR MENTAL HEALTH AND/OR SUICIDE CONCERNS (PROXY OUTCOME MEASURE) 2. CHANGE IN #/RATE OF SUICIDE DEATHS IN YOUTH/YOUNG ADULT DEMOGRAPHIC GROUPS	2Q19	2Q20

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					Goal 1: 1.1 1.3.2 Goal 2: 2.1 2.3 2.4 Goal 3: 3.1 3.2 Goal 5: 5.1 5.2 Goal 7: 7.1 7.2 7.3 Goal 9: 9.1 9.2 9.3 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• Coping/Problem Solving• ID/Support People at Risk• Harm Reduction	CB 6.0 By Date TBD , identify existing capacity and build capacity where needed to ensure all 7 Public Health District geographies have suicide prevention as a core competency within public health and behavioral health systems.	1. Seven local points of contact established 2. Gap analysis conducted.	1. ANNUAL PERCENT INCREASE OF PUBLIC HEALTH PERSONNEL TRAINED IN CORE GATEKEEPER, INTERVENTION AND POSTVENTION SKILLS OVER GAP ANALYSIS INDICATORS (SHORT TERM OUTCOME MEASURE).	3Q19	3Q20
					Goal 8: 8.4 Goal 9: 9.1, 9.2, 9.3 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at RiskHarm Reduction	CB 7.0 By Date TBD , determine gaps in services, identify opportunities, and implement activities to expand/repurpose Idaho SP Hotline, other resources and/or create new infrastructure to support persons at risk of suicide or other mental health care crisis (disaster, trauma, telemedicine) to ensure Idahoans have access to qualified care post crisis.	1. Gap analysis conducted. 2. Hotline services expanded based on gap analysis results 3. See Suicide Care/Zero Suicide KPA measures and contingent upon funding levels.	1. CHANGE OF RATE/# OF MENTAL HEALTH CRISIS CALLS FIELDIED BY LOCAL LAW ENFORCEMENT	Dependencies SC 1.0 and SC2.0 and gap analysis results	
					Goal 5: 5.2 Goal 8: 8.1, 8.2, 8.3, 8.7 Goal 9: 9.1, 9.2, 9.3 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at Risk	CB 8.0 Build capacity to provide intervention and counseling services to persons who have been identified at risk of suicide (see Zero Suicide)	See Suicide Care and Zero Suicide KPA measures and contingent upon funding levels. For Non-Zero Suicide sites: 1. Number of clinicians trained in intervention skills 2. Number of patients treated by clinicians using suicide intervention skills 3. Rate of growth of licensed care providers	1. CHANGE IN # IDAHOANS REFERRED FOR SUICIDE CARE (AGGREGATE AND BY REGION). 2. CHANGE IN # IDAHOANS TREATED FOR SUICIDE IN RURAL REGIONS COMPARED TO NON-RURAL AREAS. 3. CHANGE IN # IDAHOANS TREATED AT CRISIS CENTERS, PRIMARY CARE AND PRIVATE SECTOR PARTNERS	See SC 1.0 and SC 2.0 3Q19	3Q20

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					Goal 1: 1.1. 1.2, 1.3.2, 1.5 Goal 7: 7.1, 7.2, 7.3 Goal 8 8.7 Goal 9: 9.1 Goal 10: 10.1, 10.2 CDC TECHNICAL ALIGNMENT: • Access/Delivery of Care • ID/Support People at Risk • Harm Reduction	CB 9.0 Deploy screening and Crisis Response Planning mechanisms so that core partners are utilizing and collecting data in a standardized manner.	1. Number of trainings conducted and geographical location of the trainings. 2. Number of persons trained and geographical location of where the training occurred 3.Number of screenings conducted in measurable partners' facilities. 4. Number of persons screened and referred for suicide intervention services in measurable partners' facilities	1. CHANGE IN RATE/# OF SUICIDE DEATHS BY FIREARMS	3Q19	3Q20
					Goal 11: 1 1.1, 11.2, 11.3, 11.5, 11.6 Goal 13: 13.1 CDC TECHNICAL ALIGNMENT: Harm Reduction	CB 10.0 Build data gathering mechanisms and relationships to support the evaluation and surveillance needs of the system. SEE DATA, EVAL and SURVEILLANCE	Contingent upon funding levels. See Data, Evaluation and Surveillance KPA measures			SEE DE 1.0 and 2.0
					Goal 3: 3.1 Goal 7: 7.1 Goal 10: 10.1,10.2 Goal 11: 11.5 11.6 CDC TECHNICAL ALIGNMENT: • Access/Delivery of Care ID/Support People at Risk	CB 11.0 Construct, deploy and promote a comprehensive resource center for access to evidence informed fact sheets, tools, and information including guidelines to ensure they are accessible to at risk populations and community groups across Idaho		SUSPEND UNTIL FY21 FUNDING		
					Goal 8: 8.2 CDC TECHNICAL ALIGNMENT: • Access/Delivery of Care • ID/Support People at Risk • Harm Reduction	CB 12.0 Improve capacity for treating persons with acute suicide risk by expanding access to appropriate levels of care based on patient needs, such as: inpatient beds, psych ER, and improved Tele-health reimbursement strategies.	1. Needs assessment and gap analysis completed. 2. Average wait time for psychiatric in-patient bed 3. Number of patients at risk of suicide who engage with telehealth treatment and geography 4. Percent of patients at risk of suicide whose Tele-health care is reimbursed. 5. Psych ER measure to be determined		4Q19	4Q20

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					Goal 5: 5.4 CDC TECHNICAL ALIGNMENT: Variable – contingent upon project focus	CB 13.0 Develop the capacity to incubate and scale innovative solutions to improve suicide prevention outcomes in Idaho		SUSPEND UNTIL FY21		
					Goal 5: 5.4 Goal 10: 10.1 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at Risk	CB 14.0 Develop and implement virtual support groups and expand in-person support groups to ensure persons at risk of suicide and/or who have lived experience have access to safe, evidence informed support regardless of geography	Under construction by stakeholder partners		In person is on- going but non- profit and community measures must be built (4Q19)	4Q20
					Goal 3: 3.2 Goal 5: 5.2 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care Protective Environment	CB 15.0 Increase access to effective programs and services for mental and substance use disorders		1. CHANGE IN % USAGE OF SUSTANCE USE AND MISUSE TREATMENT USAGE 2. CHANGE IN #/% USAGE OF MENTAL HEATH SERVICES		
		1. Establish a cadre of trained individuals across the state to serve as master trainers in a variety of methodologies as well as subject matter experts: (SFY20 - \$473,500) Support collaborative partners to conduct programmatic evaluation, support three regional coordinators and master trainers to assist schools and communities with prevention, intervention and postvention activities; provide trainings such as, but not		ing and Technical Assistance	Goal 5 5.1 Goal 7 7.1, 7.2 Goal 10 10.1 CDC TECHNICAL ALIGNMENT: ID/Support People at Risk	TA 1.0 By TBD Date, the SP Program will Develop, deploy, manage and evaluate a Training of Trainers strategy to ensure Idaho stakeholders have access to evidence informed trainings within X hours of their location and/or to ensure trainers are available in all 7 Public Health District Geographies	1. Gap analysis for schools is conducted 2. The number of trainers entered into trainer network 3. The number of trainings conducted by Network trainers (audience profile, location, intended intervention target, i.e., (those trained are serving youth, elderly, first responders, etc.) 4. Trainer evaluation and feedback assessment		1Q20	1Q21

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		limited to clinical and responder training, Idaho gatekeeper training, lethal means counseling, crisis intervention, etc.		Trainer	Goal 5 5.1 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Connectedness• Coping/Problem Solving• ID/Support People at Risk	TA 2.0 By TBD date , through a collaborative approach between the Idaho SP Program and the Community Collaborative, develop, manage and evaluate the Idaho Suicide Prevention Trainers Network, community of practice, and trainers calendar for trainers certified to train in evidence informed curriculum.	1.Trainer calendar is developed 2. The number of website page hits to the trainers page on Collaborative website 3. The number of training requests unfulfilled, location and audience types requesting training. 4. The number of Community of Practice engagements conducted regionally and statewide by training type. 5. The number of training requests received via social media, email and website inquiries at the Collaborative and Program office, and other relevant (hotline, non-profit partners).		1Q20	1Q21
					Goal 5 5.1 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at Risk• Harm Reduction	TA 3.0 The SP Program will conduct and/or procure specialized trainings to meet advanced training requirements for the treatment of suicidality and intervention(s) for persons at risk of suicide (CBT, CAMS, etc.) on an on-going basis as funds allow.	1. The number and type of training deployed by location and audience profile	1. THE NUMBER OF PERSONS REFERRED TO ADVANCED LEVEL OF CARE BY THOSE WHO HAVE BEEN TRAINED. 2. THE NUMBER SERVED BY THOSE TRAINED BY DEMOGRAPHICS (YOUTH/ADULT) AND DISTRICT GEOGRAPHY	1Q20	1Q21
					Goal 10 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at Risk• Harm Reduction	TA 4.0 Distribute recommendations and protocols for clinicians to receive adequate training in survivor support and treatment via web resources and print materials	1. Appropriate recommendations and protocols are identified. 2. Then number of protocol requests for information by clinician profile and location (MSW, primary care, etc.). 3. The number of print materials distributed by district geography 4. The number of downloads of protocol materials from SP Program and Collaborative websites.	1. CHANGE % OF IDAHO SCHOOLS EXPERIENCING SUICIDE CLUSTERS OR CONTAGION EFFECTS (IF MEASURES CAN BE ESTABLISHED). 2. CHANGE % OF IDAHO COMMUNITIES EXPERIENCING SUICIDE CLUSTERS OR CONTAGION EFFECTS (IF MEASURES CAN BE ESTABLISHED) 3. CHANGE # OF SUICIDE LOSS SURVIVORS SERVED.	2Q19	2Q20

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					Goal 10 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• Harm Reduction	TA 5.0 By TBD Date , the SP Program will ensure postvention training is available as part of existing evidence informed programming and/or as a stand-alone training program.	1. Postvention training protocols are incorporated into the Idaho-specific gatekeeper training 2. The number of trainings conducted by audience type and geography/location.	1. CHANGE % OF IDAHO SCHOOLS EXPERIENCING SUICIDE CLUSTERS OR CONTAGION EFFECTS. 2. CHANGE % OF IDAHO COMMUNITIES EXPERIENCING SUICIDE CLUSTERS OR CONTAGION EFFECTS. 3. CHANGE # OF SUICIDE LOSS SURVIVORS SERVED.	3Q19	3Q19
					Goal 4 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• ID/Support People at Risk• Harm Reduction	TA 6.0 Embed suicide prevention, intervention and postvention in school safety courses for education staff.	1. Gap Analysis of schools is conducted. 2. The number of school personnel trained in School Safety Course, grade level and location	1. THE NUMBER# OF REFERRALS OF STUDENTS TO CARE IN SCHOOLS WHO HAVE STAFF TRAINED. 2. NUMBER OF STUDENTS REFERRED TO CLINICAL CARE IN SCHOOLS WHO HAVE TRAINED STAFF.	3Q19	4Q20
					Goal 1 Goal 3 3.1 3.2 Goal 5 5.2 Goal 7 7.1 7.2 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Protective Environment Connectedness	TA 7.0 On an on-going basis, the Program will promote and execute suicide prevention guidance at the community level including for substance use disorders, Law Enforcement, EMS, Dispatchers, Coroners, and other responders as incorporate training options as part of the Trainers Network.	1. The number of First Responder trainings conducted. 2. The number of Law Enforcement and first responder personnel trained in CIT and/or other mental health protocols by location	1. THE NUMBER OF TECHNICAL ASSISTANCE REQUESTS BY FIRST RESPONDERS, CORONERS BY GEOGRAPHY AND RESPONDER TYPE. 2. CHANGE IN #/RATE OF MENTAL HEALTH CALLS RESULTING IN MENTAL HEALTH HOLDS AND ER VISITS	On going	4Q20
					Goal 6 CDC TECHNICAL ALIGNMENT: Protective Environment Harm Reduction	TA 8.0 Embed lethal means training into the suite of options available for targeted community sectors.	1. The number of trainings offered incorporating lethal means and participation measures	1. CHANGE IN RATE OF SUICIDE BY LETHAL MEANS CATEGORY	3Q19	3Q20

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					Goal 7 7.3 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• Protective Environment• Connectedness• ID/Support People at Risk• Harm Reduction	TA 9.0 Develop and/or deploy an existing certificate program for suicide prevention for clinical and community providers (SEE TA 4.0)		SUSPEND: REQUEST FUNDING FOR FY21		
		1. Support a Sustem-wide branding, marketing and communication approach: (SFY: \$100,000) Implement a communicaiton approach across the statewide system to ensure consistency in messaging across the suicide prevention system.		Communications and Outreach	Goal 2 CDC TECHNICAL ALIGNMENT: Connectedness	CO 1.0 By TBD date , the Collaborative will develop and deploy an events calendar for activities related to suicide prevention managed on the Community Collaborative website	1. Number of events and activities posted monthly and annually 2. Number of total events submitted and number of total events posted in the events calendar (denial rate) 3. Number of monthly webpage hits during the life of posted events; measure how long events are posted on the calendar. 4. Total number of annual website visits to events calendar (consider tracking attendance at events) 5. Determine access to hotline, or crisis center information by communication strategy (number of persons that enter website and pass through to crisis service information). Determine unique visitors from other partner sites.		4Q19	4Q20
					Goal 2 2.3 CDC TECHNICAL ALIGNMENT: Connectedness	CO 2.0 By 3Q19, The Program and Collaborative will jointly develop and deploy an integrated brand strategy to elevate awareness and understanding of suicide prevention initiatives underway in Idaho	1. Number of communication mechanisms (print, video, etc.) for which branding is created. 2. Number of templates created 3. Number of cobranding options created with partners.		3Q19	3Q20

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					Goal 2 2.12.3 Goal 3 3.2 Goal 4 4.2 Goal 6 Goal 10 CDC TECHNICAL ALIGNMENT: • Protective Environment Connectedness	CO 3.0 (SEE C.O 2.0) Identify, develop, deploy and evaluate a comprehensive, coordinated and integrated marketing and communications strategy to reach high risk populations and connect persons at risk to suicide safe care via appropriate mechanisms that includes safe messaging, reducing stigma and prejudice, and addressing those with substance use disorders.	1. Marketing plan 2. Number of partners engaged to develop materials 3. Reach of communications: site visits, audience numbers, number of materials distributed 4. Number of presentations conducted at symposia, conferences and summits.	1. NUMBER OF REFERRALS TO SUICIDE CARE.		
					Goal 6 CDC TECHNICAL ALIGNMENT: • Protective Environment • Connectedness Harm Reduction	CO 4.0 By Date TBD and contingent upon funding levels, the SP Program and Collaborative will jointly develop and deploy Lethal Means campaigns that target firearm owners and groups, pharmacies, and others who influence access to and safe storage of lethal means, including drug use prevention organizations to promote safe storage and disposal.	1. Number of downloads of electronic resources by material type by geography/location and intended audience. 2. Evaluation /feedback survey from campaign users 3. Number of people/groups that receive informational campaign materials. 4. Number of drugs safely disposed/gun locks distributed.	1. CHANGE IN RATE OF SUICIDE BY LETHAL MEANS CATEGORY	4Q19	4Q20
					Goal 2 Goal 3 3.2 CDC TECHNICAL ALIGNMENT: Connectedness	CO 5.0 Develop and deploy a mechanism to incorporate youth perspectives into state and local suicide prevention organizations and entities	SUSPEND Youth specific campaign pending and based on funding availability and level. 1. Number of youth engaged to develop mechanism 2. Percentage of youth participating by health district/school district 3. Website visits 4. Results of peer support programming assessment Number of higher education student affairs departments engaged.			

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					Goal 4 CDC TECHNICAL ALIGNMENT: Harm Reduction	CO 6.0 By date TBD , the SP Program and Collaborative will provide guidelines and trainings to media entities and other publishing groups on safe reporting practices when covering suicide related topics.	1. Number of material downloads and website visits on both Program and Collaborative website by location (IP Address mapping) 2. Number of media trainings requested and conducted by the Program Office 3. Number of media trainings requested and conducted by Collaborative partners 4. Public information/marketing plan Number of suicides covered in state media utilizing guidelines distributed/created versus not utilized in coverage		2Q19	2Q20
					Goal 2 2.1 CDC TECHNICAL ALIGNMENT: Connectedness	CO 7.0 On an ongoing basis, the Council, Collaborative and the SP Program will promote awareness of the Idaho Suicide Prevention Plan so that stakeholders can engage in structured and safe ways to promote suicide prevention in Idaho communities and are comfortable with addressing suicide at local levels.	1. Annual stakeholder feedback survey 2. Public information/marketing plan 3. Number of contacts logged in engagement database/list		2Q19	2Q20
					ALL CDC TECHNICAL ALIGNMENT: ALL	CO 8.0 On an ongoing basis, the SP Program, with support from the Community Collaborative, will provide technical assistance and guidance to the Idaho Governor's Office and the Idaho Council on Suicide Prevention on issues related to suicide and suicide prevention	1. Annual stakeholder feedback survey 2. Number of times SP Program and partners communicated with (responded) or to (outreach) the Governor's Office and the results of that communication. 3. Number of speeches, press releases, other communications from the Governor that mention suicide prevention.		Ongoing	2Q20

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		1. Design, develop and execute evidence-based suicide care and Zero Suicide models in healthcare systems: (SFY20 - \$302,500) We must grow Idaho's capacity to identify, screen, treat and follow up with persons at risk of suicide.		Suicide Care Provision and Zero Suicide	Goal 7 7.1 7.2 Goal 8 Goal 9 Goal 10 Goal 13 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID Support People at Risk• Harm Reduction	SC 1.0 Develop and implement a Zero Suicide model implementation strategy to equip health care systems with the tools and mechanisms needed for suicide safe care in all 7 Public Health District geographic regions.	1. The number of Organization Self Studies completed by Idaho health care partners 2. The number of participants and geography associated with Zero Suicide Academies 3. The number of personnel trained in relevant suicide prevention protocols by profession type, geography, and population served 4. The number of Workforce Surveys completed by Idaho health care partners 5. Aggregate patient satisfaction indicators 9. Acute care transition success metrics (warm hand-offs, follow up, missed appointments and missed appointment follow up). 10. The number of ED personnel involved engagements	1. THE NUMBER OF PATIENTS SCREENED FOR SUICIDE 2. THE NUMBER OF PATIENTS ASSESSED FOR SUICIDE 3. PERCENTAGE OF THOSE PATIENTS SCREENED WHO RECEIVE SAFETY PLAN AND LETHAL MEANS COUNSELING 4. PERCENTAGE OF PATIENTS RECEIVING CRISIS CARE WHO RECEIVE FOLLOW UP CARE 5. THE NUMBER OF IN-PATIENT ADMISSIONS FOR SUICIDALITY 6. NUMBER OF SUICIDE ATTEMPS	3Q20	4Q21
					Goal 7 7.1 7.2 Goal 8 Goal 9 Goal 10 Goal 11 Goal 13 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID Support People at Risk• Harm Reduction	SC 2.0 Develop partnership initiative with Idaho Hospital Association, Idaho Primary Care Association, Idaho Academy of Family Physicians and other organizations to facilitate continued momentum toward Zero Suicide adoption in Idaho hospital and health care systems.		7 TS AMONG ALL PATIENTSNUMBER OF SUICIDE ATTEMPTS AMONG PATIENTS WITH IDENTIFIED RISK 8 SUICIDE AMONG ALL PATIENTS 9 SUICIDE AMONG PATIENTS WITH IDENTIFIED SUICIDE RISK	3Q20	4Q21
					Goal 3 Goal 7 Goal 8 Goal 9 Goal 10 Goal 13 CDC TECHNICAL ALIGNMENT: <ul style="list-style-type: none">• Access/Delivery of Care• ID/Support People at Risk• Harm Reduction	SC 3.0 Develop, deploy and evaluate a comprehensive Zero Suicide public private pilot in at least 2 health system settings, including rural setting in the state.	1. Pilot evaluation study is conducted		3Q20	4Q21

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				Data, Evaluation and Systems Integration	Goal 1 1.3.2 Goal 7 Goal 8 Goal 10 Goal 11 Goal 13 CDC TECHNICAL ALIGNMENT: ALL	DE 1.0 Create a robust data, surveillance and evaluation system across the public private partnership that informs decision making to effectuate change and reports on performance and outcome measures reflected in the Action Plan.	1. Number of meetings convened by the Data Work Group/Consortium 2. Documentation of goals, needs, strategy, definitions and process structure and reporting/request process structure for data gathering and sharing 3. Documentation of legislative needs. 4. Address/link to web-based data reporting site/repository		3Q19	4Q20
					Goal 1 1.3.2 Goal 11 Goal 13 CDC TECHNICAL ALIGNMENT: ALL	DE 2.0 Leverage data systems to support Continuous Quality Improvement processes across the suicide prevention system to ensure partners are aligned and coordinated to collect, share and evaluate suicide related data in a timely manner.	1. Documentation of NVDRS funding 2. Documentation of recommended measures from NVDS 3. Documentation of data gathering tools 4. Documentation (evidence) of NVDRS measures used by the Data Work Group/Consortium 5. Documentation of selected data collection and dissemination mechanisms		3Q19	4Q20
					Goal 1 Goal 7 CDC TECHNICAL ALIGNMENT: • Economic Supports • Access/Delivery of Care • Protective Environments • Connectedness	DE 3.0 Ensure all state public partners have appropriate suicide prevention policies and protocols and access to the training and tools needed to meet the needs of the populations and staff they serve.	1. Percent of identified personnel (which personnel?) who interact with high risk populations that are trained in suicide prevention and intervention skills. 2. Percent of partner agencies who have formal suicide prevention, intervention and postvention policies and procedures 3. Documentation of resources and technical assistance provided to state public partners		3Q19	4Q20
					Goal 13 CDC TECHNICAL ALIGNMENT ALL	DE 4.0 Manage and/or administer implementation and evaluation of the Statewide Idaho Suicide Prevention System Plan	1. Documentation of annual evaluation findings, recommendations, etc. 2. Identified mechanism for High Priority and Action Plan feedback		1Q20	1Q21

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				Advocacy and Policy	ALL GOALS CDC TECHNICAL ALIGNMENT: ALL	AP 1.0 In collaboration with advocacy partners develop an annual policy agenda that establishes and supports policy changes related to suicide prevention and intervention and develop a mechanism to determine a consensus-based approach and protocols.				
					ALL GOALS CDC TECHNICAL ALIGNMENT: ALL	AP 2.0 Advocate for legislative action to imbed SP Community Collaborative and State Council in Idaho Code.				
					ALL GOALS CDC TECHNICAL ALIGNMENT: ALL	AP 3.0 Collaborate with higher education institutions to determine feasible strategies to ensure consistent application of accreditation standards related to suicide prevention coursework. (SEE TA 9.0)				